

# Pennsylvania Medical Society Alliance

*"Physicians' spouses dedicated to the health of America"*

## Application for the

### Alliance Medical Education Scholarship Fund

*Scholarships in the amount of \$2,500 each will be awarded to qualified students currently in their second or third year, who are residents of Pennsylvania and attending accredited Pennsylvania medical or osteopathic schools.*

#### Eligibility Requirements – Complete this questionnaire before proceeding!

1. **Are you a U.S. citizen?** yes no
2. **Are you a qualified resident of Pennsylvania?** (i.e., A resident at least 12 months before registering as a medical student –These 12 months could not have been for the purpose of attending undergraduate/graduate school at a Pennsylvania institution) yes no
3. **Are you enrolled full time in an accredited Pennsylvania medical school?** yes no
4. **Are you currently a second-year or third-year medical student?** yes no  
If you answered "yes" to ALL the aforementioned questions, you are eligible for the Alliance's medical student scholarship. In awarding scholarships, the Alliance does not discriminate. You may proceed and complete this scholarship application.
5. **Applicant, once designated a scholarship recipient, must reply by a specified deadline date to confirm attendance, noting the recipient is required to be present to accept the scholarship.**  
If designated recipient is not present, the next applicant by point standing will receive the scholarship.

#### Information

- The Scholarship can only be used for tuition, fees, books, supplies, and equipment.
- The Scholarship check will be made payable to the medical school.
- The Scholarship will apply to the second semester of the upcoming academic year.
- The Scholarship will be presented to the recipient at the Alliance's Convention Fund-Raiser held in mid-October in Hershey, PA.

#### Instructions

- Please complete this application by typing or printing clearly using a dark ink.
- Understand that "you" and "your" on this form indicates the student who is applying for a scholarship.
- When there is a box "☐" provided to indicate your selection, please mark the box with an "x". (Ex. ☒)
- Application materials must be postmarked by February 28 of the current year.
- Submit this application to the AMES Fund, c/o The Foundation.
- Finalists may be called for personal interviews by the AMES Fund Committee.
- Forward the following to the AMES Fund:
  - (1) Scholarship application.
  - (2) Two reference letters (personal and academic).
  - (3) A letter of verification and recommendation from the medical school.
  - (4) A statement of one page on my vision for the future of Pennsylvania medicine.

#### Student Information

Your title (optional) Mr. Miss, Mrs., or Ms.

Your name: \_\_\_\_\_  
First name M.I. Last name

Your Social Security number: \_\_\_\_\_

# Alliance Medical Education Scholarship Fund

Your mailing address:

(All mail will be sent to this address)

Number and street (include apartment number)

City State Zip Code

Your mailing address telephone #:

( )

Your e-mail address:

Your legal/permanent address:

(If different from above address)

Number and street (include apartment number)

City State Zip Code

Legal/permanent address telephone #:

( )

County of legal/permanent residence:

Marital status:

Single  Married  Separated  Divorced  Widowed

Date of birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year

Number of children/dependents? (other than spouse) \_\_\_\_\_

What date did you become a bona fide legal resident of Pennsylvania?

\_\_\_\_\_  
Month Year

## Educational Information

High school attended:

Name City State

yes  no

Time period attended (mo. & yr.)

Did you graduate?

College attended:

Name City State

yes  no

Time period attended (mo. & yr.) – Course taken/Degree earned----Did you graduate?

Other school attended:

Name City State

yes  no

Time period attended (mo. & yr.) – Course taken/Degree earned----Did you graduate?

If education was interrupted because of illness, military service, employment, etc., please explain giving dates and circumstances.

\_\_\_\_\_

\_\_\_\_\_



# Alliance Medical Education Scholarship Fund

## You and Your Spouse's Indebtedness:

Automobile loan(s)	\$
Credit cards	\$
Personal loans	\$
Other <i>(please specify)</i>	
_____	\$
_____	\$
<b>TOTAL INDEBTEDNESS</b>	<b>\$</b>

## Financial Information - Sources of Income

*(Yearly totals only)*

2009 Income Earned from Work (You)	\$
2009 Income Earned from Work (Spouse)	\$
<b>TOTAL INCOME EARNED FROM WORK</b>	<b>\$</b>

Will there be any significant changes to the 2009 income earned from work total during the 2010-2011 academic year?  
If yes, explain in the space provided below.

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## Financial Information - Miscellaneous

Do you know if you will receive any scholarships and/or grants for the 2010-2011 academic year?  yes  no

If yes, how much do you expect to receive for the 2010-2011 academic year? \$

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Will you receive financial assistance from your parents, other relatives, or friends during the 2010-2011 academic year?  yes  no

If yes, how much do you expect to receive for the 2010-2011 academic year? \$

\*\*\*\*\*

Will you receive any untaxed income and/or benefits (i.e., child support, social security benefits, workers' compensation, welfare, etc.) during the 2010-2011 academic year?  yes  no

If yes, how much do you expect to receive for the 2010-2011 academic year? \$

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Will you receive any other source of income not identified above?  yes  no

If yes, how much do you expect to receive for the 2010-2011 academic year? \$

# Alliance Medical Education Scholarship Fund

## Student's Certification and Authorization

*I certify that the application materials being submitted are, to the best of my knowledge and belief, complete and correct. I grant the AMES Fund the authority to verify any of the information and authorize the school that I am attending to release to the AMES Fund Committee my grades and all other data requested to meet its requirements and guidelines.*

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

All applicants will be notified by June 1 of the current year.

### **Please forward all application materials to:**

AMES Fund  
c/o The Foundation  
777 East Park Drive, PO Box 8820  
Harrisburg, PA 17105-8820

Telephone: (717) 558-7854 ♦ FAX: (717) 558-7818

E-Mail: [studentservices-foundation@pamedsoc.org](mailto:studentservices-foundation@pamedsoc.org)

Web site: [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org)

***Application and materials must be postmarked by February 28 of the current year.***

This medical scholarship is made possible by the  
***Pennsylvania Medical Society Alliance***  
through fund-raising events and by general and memorial contributions.

[The Fund is administered by The Foundation of the Pennsylvania Medical Society, a 501 (c) (3) charitable and educational organization. The official registration and financial information of The Foundation may be obtained from the PA Department of State by calling toll free within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.]